

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

FER 192010

MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name	Office:				
CHRISTIAN D. GI	House Senate				
Mailing address P.O. Rox 353	District 22				
City, zip code	ipunan-dan-panahan adapat dana	Andrew and the second of the second s	Phone		
LEVANT 04456			1 854-600		
PART 1. INCOM	E DERIVE	D FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer fror economic activity of each employer.	m whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
TOWN OF HOLDEN	MaiN	RD., HOLDEN, ME	TOWN GOVERNMENT		
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			очения подка е на на выполня по се дення при под под на		
PART 2. INC	OME DEF	RIVED FROM SELF-EMPLOYMEN	T I I I I I I I I I I I I I I I I I I I		
(For	Legislato	rs who are self-employed.)			
 A. List the name and address of your business, it associated with a partnership, firm, professional a entity. 					
Name and Address of Business Entity	get egit en de gette	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: CHRIS GREETEY TRAINING Address: CONSULTING - BANGOR	E ME	ON-LINE SAIES			
Name:		Washington or a	•		
Address:					
		<u> </u>			

PART 2 (continued). INCOME DERIV (For Legislators) who ar		NT
B. List each source of income derived from self-employment that repres greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of profession entity or person from whom the income was derived.	ents more than 10% of your gross y or person from whom you derive	ed such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic tivity of Entity or Person Who is the Source of the Income
Name:	A market of the State of the Control	er Obensterne er en
Address:	and control and a second a second and a second a second and a second a	
Name:	Takahintete 2011 Abresia arama 2021 Habitaha aramaha argama ya magazi ya naga ay magazi ya naga kata ya kata y	er de State de State de State de State de La companya de La companya de La companya de La companya de State de
Address:	District Property.	
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PART 3. MAJOR ARE/ (For Legislators who are at		
List your major areas of practice. If associated with a law firm, list the ma	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	and the state of t	***************************************
Address:	The state of the s	Abbitaning of the second of th
Name:		
Address:		The state of the s
PART 4. OTHER SOUR	spanie station of reliable states of the state of the spanie	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3	of this form. Do not include gifts.	If none, check the box.
None	Nakadising Maladah menjajawa pangan kemala pendapah menjada pangan sebalah mengan pendangan kemala pangan sebagai	KK V history British phalomome Notice and with a large property of the following his state of the state of th
Name and Address of Source	SEE THE THE SEE TO SEE	Kind of Income (investments, leases, etc.)
Name:	Acceptance of the second secon	
Address:	POTENCIA	
Name:		**************************************
Address:		
PART 5. REPORTAB	LE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list credit card liability	that you received during the repo or loans from a relative. If none, cl	rting period, and list the major neck the box.
None .	the state of the s	ogumum varian en elemente para e <mark>n manten graner e</mark> prominen e del en <mark>anagas</mark> mum milità di entre el el 1988 e en
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	tentara ramantali (2 mandalara gumenta tantan 12 man mantan mantan mantan mangan mangalara di mandalara di man Tantan mantan mantan mantan mantan mantan mantan mantan mantan mangan mangan mandalara di mantan mantan mantan	general permitter productive and permitter and the second permitted and the second permitted and the second as
Address:	PANIEZ/IIIAA	
Name:	The second secon	
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PART (5. REPORTABLE GIFTS		TO CONTROL OF THE STATE OF THE
List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate	value of more than \$3	00 from a single source. If
None	оно до намено на марија врома од	e Madanakan anakan mengenakan kebendakan mengenan pengenakan pada mengenakan kebendal di samusan kebendak di s T	miniminin anam ana makana pagagaga pagaga pagaga ang kanana kanana a maka in kanana kanana kanana kanana kanan
Name of Source of Gift 1.	3.	Name of Source o	f Gift
2.	$ \frac{1}{2} \int_{\mathbb{R}^n} d^n d^n d^n d^n d^n d^n d^n d^n d^n d^n$	Abultus zurend, ese Abultubo, SIII dire Pada Scholler kalende ese kialaberta kilakser dalamasında suud	homeladamen en flem i kale frægig fra 1900 frægig fra 1900 frægig frægig frægig frægig frægig frægig frægig fr
PART 7. R	EPORTABLE HONORAR	RIA	
List the source of any honoraria accepted for appearances of	or speeches related to your le	gislative responsibilities	. If none, check the box.
None None		arkentilangan pelakangan dalakan dan dan dan dan dan dan dan dan dan d	milyahah dadamin saharan menan sebenjagi pilipilah yapah yapah yapah jilipilah appelita adamin kalaman kansan bari
Name of Source of Honoraria 1.		Name of Source of Ho	pnoraria
	3.	E Reddwyrdd I Addolou Switherae i hendiaeth yr y cyntysgolyddiaeth y gaellol y chaell y chaell y chaell y chael y chaell	tikaka inti ilivimati iliintaana aanguma aa peroka peroka ja
2.	4.	****	
PART 8. REPRESEN	TATION BEFORE STATI	E AGENCIES	
List each executive branch agency before which you repres box.	sented or assisted others for	compensation of any a	mount. If none, check the
None	eration of the management of the market Art with the content of th	r of the sets of the Section of Archell (a) Indiabal substitutes Archelland A	akulturuk erdik da kilan kilan dilak ersekis kesakas kelanda kerdan arramanji yang belah kilali kerdaksi denada da k
Name of Agency		Name of Agenc	
* 1.	The desiration of the state of	III AA SEH IN WORKEN NIN TERMEN AI I maan aan man man maan maa aan maa ka k	ANGENERE PARAMETER FOR STANKER
2.	4.		
PART 9. BUSII	NESS WITH STATE AGE	NCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.			with a value in excess of
None	eralleleksinnen den en e	開発 ー ジェクト・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	である。 中の一本本語は他の一般では、「おくっという」では、一般とっというというできた。 「おいっという」では、「ままま」では、「まままま」では、「まままま」では、「ままままま」では、「ままままままままままま。」では、「まままままままままままままままままままままままままままままままままままま
Name of Agency		Name of Agenc	
1.	3.		
2.	4.	PANATON ABBEN AMERICAN PERSONNER BEREITE BESTELLE VERSONNER BESTELLE VERSONNER BESTELLE BESTELLE BESTELLE BEST	
PART 10. INCOME RECEIV			
List the type of economic activity representing each source			ise or domestic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If	your spouse or domest	ic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: DONNA GORMEY (GREELEY)	1.D.EA -	Spouse or 1.	
Name: DONNA GORMEY (GREELEY) JOB TITLE: OUTREACH DIRECTOR	3. ACGUSTA	Domestic 2. Sp Partner 3.	1ARY
	Ali GORMEY	Dependent LuicFI	INE TRALLACKE
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	MILOUNING	Dependent Child	114 114
J. CANDANIO O HOURS		Dependent Child	Consequences and consequences are consequences and consequences and consequences are consequences and consequences are consequences and consequences are consequences.

	teo. II a fan	nily member lis	ted, indicate	e your relati	onship and the	name of the I	amily memb	er.	ner the position
None			****						
		zation/Busines d Address			Title		ion Held By:	Family Member's Name	S Compensated?
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	filing of a	false stateme	ent is a Cla	iss E crime	e. If the Comi	nission con	cludes that	I.R.S.A. § 1017- it appears that S.A. § 1019)	
			1	~u/	The state of the s	2/	8 //	<i>(</i>)************************************	I May 1
		Signature	<u> </u>				<u> </u>	/ ate	
				ADDITION	AL INFORMA	TION			
Please provide the information	any addit	ional informa	tion below	(and on a	dditional shee	ts if needed). Indicate	the part or sec	tion number for
Part/Section Number						i variante de la companie de la comp La companie de la companie de			
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PART 11. OFFICER OR DIRECTOR POSITIONS